



# 2006

## HIGH SCHOOL SHADOWING PROGRAM



## Program Description

The Shadowing Program provides high school students with a career exploration experience for 1-day or up to 1-week at the NASA John H. Glenn Research Center (GRC). Opportunities are available during the school year for students interested in science, engineering, technology, mathematics, and professional administration. This program is sponsored by the Educational Programs Office.

## Program Goal

Shadowing provides high school students with an opportunity to explore career possibilities in a research and development environment while under the guidance of a GRC scientist, engineer, technician, or administrative professional that serves as the student's mentor. Students are provided with information about various careers, career paths, and GRC educational resources and programs.

Students will depart from GRC with knowledge that will be of value to them in career decision making and an awareness of additional educational opportunities and resources at GRC.

## Glenn Research Center

The NASA Vision—To improve life here, to extend life to there, to find life beyond. The NASA Mission—To understand and protect our home planet, to explore the universe and search for life, to inspire the next generation of explorers...as only NASA can. As one of NASA's 10 field centers, GRC makes many unique contributions that fulfill the vision and enable the mission. Glenn develops and transfers critical technologies that address national priorities through research, technology development, and systems development.

On the shore of Lake Erie, in the birthplace of flight, GRC fuels the economy while developing cutting-edge technology that advances aviation and space exploration. GRC is located in the Great Lakes region of Ohio and occupies a 350-acre site adjacent to Cleveland Hopkins International Airport. The Center comprises over 150 buildings that contain a unique collection of world-class facilities.

Mission research areas: aeronautics, exploration systems, space operations, and space science. GRC develops cutting-edge technology that advances aviation and space exploration. Glenn's researchers specialize in power, propulsion, communications, and life science. You are encouraged to visit the GRC home page to learn more about our research activities and programs at <http://www.grc.nasa.gov>.

## Eligibility Requirements

Applicants must be **U.S. citizens**, a high school student, and at least 16 years of age. Students who have demonstrated an interest in science, mathematics, engineering, or related technical fields and professional administration are eligible. Students must be recommended for an internship by a teacher, guidance counselor, or other school official to participate.

## Program Requirements

Students may shadow for 1 day and not more than 1 week. Students who request an internship longer than 1 day must be part of a formal school career program and provide NASA Glenn with the school's program guidelines.

Because of the program's short duration and intensity, students must agree to complete the shadowing experience between the hours of 9 a.m. and 3:30 p.m. Students must commit to a 6-hour workday. Students who are participating in longer formal school career programs (2 days to 1 week) must be available every business day on a full-time basis for the duration of their program.

## Selection Criteria

Student requests will be accepted on a first-come, first-served basis. **Senior project students having multiple week projects may be accommodated for at least 1 week.**

## Application

Students must complete and return the enclosed application and forms, along with **one copy of their birth certificate and one copy of the entire application package.** Applications can be obtained at the following Web site: [www.grc.nasa.gov/WWW/OEP](http://www.grc.nasa.gov/WWW/OEP). **Incomplete applications will not be processed.** Placements **cannot** be made without the signature of a parent or guardian (if applicable) and recommending school official.

**Shadowing placements are dependent upon the availability of appropriate Glenn mentors and facilities. The Educational Programs Office cannot guarantee an internship and will not sign any forms that state an internship is guaranteed.** Each session has limited placement.

The Educational Programs Office reserves the right to terminate a shadowing experience at any time. Additional information can be obtained by contacting the following:

NASA GRC Educational Programs Office  
Phone: 216-433-6656  
E-mail: [intern@grc.nasa.gov](mailto:intern@grc.nasa.gov)

## Schedule

<u>Session</u>	<u>Application Deadline</u>	<u>Selection Notification Date</u>
<b>I</b>		
February 6 to April 28, 2006	January 2, 2006	January 31, 2006
<b>II</b>		
May 1 to June 2, 2006	February 28, 2006	April 17, 2006

# 2006 Shadowing Program Student Application Form

Educational Programs Office

Please type or print in black ink only.

Legal name \_\_\_\_\_  
Last First M.I.

Date of birth \_\_\_\_\_  
mm dd year (e.g., 10/15/1987)

Place of birth \_\_\_\_\_  
City, State, Country

Gender: ☐ Male ☐ Female

U.S. Citizen ☐ Yes ☐ No

Note: If U.S. citizen and born outside the United States or Puerto Rico, you **must** provide the information requested below. If selected you **must** provide documentation prior to start date for acceptance to be finalized.

Naturalization no. \_\_\_\_\_ Date issued \_\_\_\_\_ Date expired \_\_\_\_\_

Passport no. \_\_\_\_\_ Date issued \_\_\_\_\_ Date expired \_\_\_\_\_

## You Must Provide Both Addresses:

Permanent (home) address \_\_\_\_\_

School name and address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
City, State, Zip code

Telephone no. ( ) \_\_\_\_\_

School telephone no. ( ) \_\_\_\_\_

Alternate telephone no. ( ) \_\_\_\_\_

Permanent e-mail address \_\_\_\_\_

School e-mail address \_\_\_\_\_

Cumulative GPA (unweighted) = \_\_\_\_\_ (on a 4.0 scale)

Academic level as of fall 2006

Planned graduation date \_\_\_\_\_

☐ HS Sophomore ☐ HS Junior

☐ HS Senior

Have you previously applied for or participated in a NASA program? ☐ Yes ☐ No

Check any of the following NASA programs you have previously applied for (A) or participated in (P), and indicate the year:

(A)	(P)		Year	(A)	(P)		Year
<input type="checkbox"/>	<input type="checkbox"/>	GRC Engineering Technology		<input type="checkbox"/>	<input type="checkbox"/>	GRC TSU College Bound	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Exploring		<input type="checkbox"/>	<input type="checkbox"/>	GRC NASA PLUS	
<input type="checkbox"/>	<input type="checkbox"/>	FIRST		<input type="checkbox"/>	<input type="checkbox"/>	NASA SHARP	
<input type="checkbox"/>	<input type="checkbox"/>	GRC N.A.S.A. Project		<input type="checkbox"/>	<input type="checkbox"/>	NSIP	
<input type="checkbox"/>	<input type="checkbox"/>	NASA Explorers School School Name _____		<input type="checkbox"/>	<input type="checkbox"/>	SEMAA Site Name _____	
<input type="checkbox"/>	<input type="checkbox"/>	GRC Shadowing		<input type="checkbox"/>	<input type="checkbox"/>	Other	

## Office use only

Date received \_\_\_\_\_

Date processed \_\_\_\_\_

Initials \_\_\_\_\_

Duration of shadowing experience you are requesting:

☐ One day (9 a.m. to 3:30 p.m.)

☐ Other (not more than 1 week, consecutive days)

If you checked other, please indicate duration and name of school career program: \_\_\_\_\_

Check the actual date(s) you wish to shadow at NASA Glenn:

☐ Session I (February 6 to April 28, 2006)

☐ Session II (May 1 to June 2, 2006)

Provide one optional date: \_\_\_\_\_

**Office use only**

Organization \_\_\_\_\_

Building \_\_\_\_\_

Mail stop \_\_\_\_\_

Room \_\_\_\_\_

Do you know someone at NASA Glenn who would be willing to be your mentor?

☐ No ☐ Yes \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of Employee Employee Phone Number

If yes, has this employee **verbally committed** to mentoring you on the dates specified on this application?

☐ Yes ☐ No Comments \_\_\_\_\_

Name and signature of recommending teacher, guidance counselor, or school official:

\_\_\_\_\_/\_\_\_\_\_  
Print Name Signature

Position \_\_\_\_\_ Date \_\_\_\_\_

School telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

**How did you learn about the program?**

☐ Faculty member or school official

☐ Group visit to GRC

☐ Inquiry to NASA about summer opportunities

☐ NASA Web site

☐ GRC Educational Programs staff

☐ GRC Educational Programs Web site

☐ Friend who participated in LERCIP

☐ Previously an LERCIP participant

☐ Other (please specify) \_\_\_\_\_

Relative who works for ☐ NASA or ☐ NASA contractor

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Company Name/Area/Organization

Please complete and return all forms by the deadline specified. Incomplete applications or applications received after specified dates will not be processed. Return all forms to

**NASA Glenn Research Center**  
**Attn: Shadowing Program, Mail Stop 7-4**  
**21000 Brookpark Road**  
**Cleveland, OH 44135**

**Please complete the following to assist with placement:**

The following are the areas that mentors are available for shadowing experiences:

Please mark with an "X" the type of person you would like to shadow. Please only mark one box.

☐ Aerospace engineer

☐ Chemical engineer

☐ Computer engineer

☐ Electrical engineer

☐ Mathematician

☐ Mechanical engineer

☐ Trades (please specify)

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☐ Accounting

☐ Business Administration

☐ Education

☐ Graphics

☐ Procurement

☐ Personnel

**Additional comments**

*(Please elaborate on any specific area or type of experience that is of interest to you.)*

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### Student Essay

Write a narrative statement giving your reason for requesting a shadowing internship at the NASA Glenn Research Center. Briefly state the benefits you expect to gain from your internship.

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Please list and elaborate on some of your goals for the next 2 to 5 years.

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Please list any classes you have taken, or are currently taking, that are conducive to your shadowing experience (i.e., math, science, computer, special education, etc.)

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What types of questions are you planning to ask your mentor?

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**Waiver of Compensation**

Whereas, the undersigned student desires to enter upon the premises of the Glenn Research Center of the National Aeronautics and Space Administration for the purposes of observing Government research and development activities and to use the facilities of the Center to conduct educational research projects; and

Whereas, permission has been granted by the Center to enter the premises and to use the facilities, subject to revocation at any time;

Now, therefore, the undersigned student, in consideration of the foregoing, hereby waives and forever releases the United States—for self, executor, administrator, heirs, and assigns—from any claim for wages, salary, or compensation of any kind which may arise out of, or in any way be connected with, tasks or services that may be performed by the undersigned during this student's visit to the Center.

Student

Parent/Guardian\*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

*\*Signature of parent or guardian required if student is under 18 years of age.*

## 2006 Shadowing Program

### Student Certification

*(Completion of form is required for processing of application.)*

I understand that as a participant in the NASA Glenn High School Shadowing Program, I will not be considered an employee of NASA Glenn Research Center.

I certify, by my signature below, that I am a citizen of the United States of America and that all information contained in this application is accurate and correct. I further understand and agree that any misrepresentation or inaccurate information reported on my application will be cause for disqualification for consideration and from participation in the Shadowing Program and other NASA programs. If selected to participate, I understand I must participate for the entire time allocated and failure to do so or abide by the program, safety, and security policies and procedures will result in immediate termination and will be just cause for disqualification or consideration from future participation in the Shadowing Program and other NASA programs.

I also authorize NASA to use any photographs that may be taken during the program for promotion activities (i.e., Web site, newsletter, and promotional materials). I understand and acknowledge that participation in the program does not entitle me to unemployment compensation. Print your full name below and sign and date for acceptance.

Complete legal name (print): \_\_\_\_\_  
*First M.I. Last*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian\**

\_\_\_\_\_  
*Date*

*\*Signature of parent or guardian required if student is under 18 years of age.*

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**Emergency Medical Authorization**

NASA Glenn Research Center

Name of student \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Telephone number where parent or guardian can be reached between 8 a.m. and 5 p.m.

\_\_\_\_\_

Name, telephone number(s), and relationship of other custodial parent or emergency contact.

\_\_\_\_\_

Facts concerning the student's medical history to which the physician should be alerted

Allergies \_\_\_\_\_

Medications taken \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other \_\_\_\_\_

List any specific accommodations required for a student with a disability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Application Check List**

1. \_\_\_\_\_ Complete application (all signatures included)
2. \_\_\_\_\_ Copy of birth certificate
3. \_\_\_\_\_ One copy of entire application package (plus original)
4. \_\_\_\_\_ Student information

Note: All application packages **MUST** be postmarked or hand-stamped by our office no later than the application deadline. **Late applications will not be accepted.**

Please return all complete application packages to the following address:

**NASA Glenn Research Center  
Attn: Shadowing Program, Mail Stop 7-4  
21000 Brookpark Road  
Cleveland, OH 44135**

You will be contacted about placement status by the selection notification date of the session you have chosen.

## Student Information

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female

### Program you are applying for: Shadowing Program

In order to determine the degree to which members of each ethnic and racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is VOLUNTARY.

Please complete and return with application materials.

#### **Ethnic Background** (check one that best applies)

- ☐ Hispanic/Latino(a)
- ☐ White (Non-Hispanic)
- ☐ Black or African-American (Non-Hispanic)
- ☐ Native Hawaiian or Pacific Islander (Non-Hispanic)
- ☐ Asian (Non-Hispanic)
- ☐ American Indian or Alaska Native (Non-Hispanic)
- ☐ Two or more races

Individual with a disability\* ☐ Yes ☐ No

Please list any special accommodations required:

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*\*A person having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.*

The information solicited on this form will not be available to those responsible for reviewing applications, but will be used by NASA primarily to determine the extent to which various populations are represented in the applicant pool. This information will remain strictly confidential.

M-1659  
Nov 05